## APPLICATION FOR SEARCH OF DEATH RECORD FILES

Full Name	9	First			Middle		Last
of Deceas	sed:						
Place of Death	Hospital			City, Villag	ge, or Twp.		County
Date of Death	Month	Day	Year	Sex:		Race:	Ususal Occupation
Date Last To be Aliv	_	Month	Day	Year	Last Known A	Address	Married, Widowed, Never Married, Divorced
Date of Birth	Month	Day	Year	Birthplace	:	Nar	me of Husband or Wife:
Full Name	e of					Full Maiden N	ame of
Father of	Deceased:					Mother of Dec	eased:
							und, one certified copy is furnished same time are \$6.00 each.

Appl	ication made by:		Mail Copy to:			
Name			Name			
Street Address			Street Address			
City	State	Zip Code:	City	State	Zip Code	
Application Relationship To Deceased:		Date	Reason for request:			

Who is eligible for a certified copy?

A person or his duly authorized agent:

- \* having a genealogical interest (record must be over 20 years old); or
- \* personal or property right interest in the records

What is the cost of a certified copy?

\$16.00 for the first copy and \$6.00 for each additional copy.

1) 16.00	6) 46.00	15) 100.00
2) 22.00	7) 52.00	20) 130.00
3) 28.00	8) 58.00	25) 160.00
4) 34.00	9) 64.00	30) 190.00
5) 40.00	10) 70.00	35) 220.00

Make all checks payable to: CITY OF MATTOON

208 N. 19th St. Mattoon, IL 61938

Number of copies requested.	
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